

## CHAPTER 4 SECTION 4.2

### THERAPEUTIC EMBOLIZATION

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#### I. PROCEDURE CODES

**37204, 61624, 75894**

#### II. DESCRIPTION

An endovascular radiology procedure in which a microcatheter or balloon is threaded into a vein, or artery for the purposes of embolization, blocking a pathologic vascular channel.

#### III. POLICY

A. Therapeutic Embolization may be covered for the following indications. This list is not all inclusive. Those indications for which reliable evidence supports that the procedure is safe effective and comparable or superior to standard care (proven) are also covered:

1. Cerebral Arteriovenous Malformations.
2. Pulmonary Arteriovenous Malformations (PAVM).
3. Vein of Galen Aneurysm.
4. Inoperable or High-Risk Intracranial Aneurysms.
5. Dural Arteriovenous Fistulas.
6. Meningioma

B. The embolization devices must be approved by the FDA.

#### IV. EXCLUSIONS

A. Transcatheter hepatic arterial embolization for the treatment of cancers that have metastasized to the liver, unresectable hepatocellular carcinoma and resectable hepatocellular carcinoma.

B. N-butyl-2-cyanoacrylate (Histacryl Bleu®), iodinated poppy seed oils (e.g., Ethiodol®), and absorbable gelatin sponges.

V. EFFECTIVE DATE

A. January 1, 1989, for PAVM.

B. April 1, 1994, for meningioma.

C. The date of FDA approval of the embolization device for all other embolization procedures.

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